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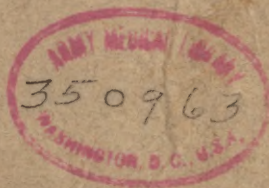
Statistical Section

The State of New Hampshire

STATE BOARD OF HEALTH

Division of Maternal and Child Health

**Regulation of Maternity Hospitals
and Homes**



WITH TEXTS OF LAWS RELATING TO

Ophthalmia Neonatorum

Placing of Infants

Adoption of Children

Concord, N. H.

July, 1942

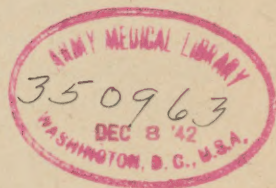
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FOREWORD

This manual embodies a revision, adopted June 2, 1942, of the original rules and regulations for the licensure and maintenance of maternity hospitals and homes as last published in the edition of 1935. The need for more explicit regulations to safeguard the health and safety of mothers and infants made the extended revision of these rules a necessity.

The cooperation, consultation and recommendations of the Maternity and Infancy Committee of the New Hampshire Medical Society were sought. This committee recommended many of the regulations relating to medical and nursing care. Preliminary work on this manual was in fact done by that committee which has become familiar with situations in maternity hospitals and homes through its annual maternal and infant death study.

It will be noted that the extensive regulations and recommendations are for the most part explicit with much new matter added to the old rules. In addition there have been added recommendations and suggestions for the purpose of aiding those responsible for the care of maternity patients and newborn infants in improving and safeguarding such care.

RULES FOR THE REGULATION OF MATERNITY HOSPITALS AND HOMES

Under the authority of Chapter 133 of the Revised Laws the State Board of Health has promulgated the following rules and regulations relative to maternity hospitals and homes. These rules and regulations supersede such regulations previously in effect and are effective as of July 1, 1942.

Rule 1. Definitions. As used in these rules, the following words and terms shall have the following meanings:

(a) Maternity Hospital. Any lying-in hospital, or hospital having a ward or other place for the reception, care and treatment of a maternity patient.

(b) Maternity Home. Any place for the reception, care and treatment of a maternity patient, other than a maternity hospital.

(c) Board. The New Hampshire State Board of Health.

(d) Agent. Any inspector, sanitarian, engineer, nurse or physician on the staff of the Board.

(e) Maternity Patient. A woman in or about to be in labor or childbirth or recovering from parturition.

Rule 2. Licenses.

(a) License to establish a maternity hospital or home shall be granted only upon application and after visit and inspection by the agent or agents of the Board. Such license shall be for a two-year period begun on July 1 of any year, or for any unex-

pired remainder of a two-year period begun on July 1 next preceding the date of issue.

(b) Application for license or for renewal of license shall be made in writing on the form provided by the Board, and shall bear the certification of the local board of health that from its inspection and examination of the place it is suitable for the reception, care and treatment of maternity patients.

(c) Every license shall bear the name of the maternity hospital or home and shall stipulate the maximum number of beds reserved for maternity patients.

(d) Every license shall be posted in a conspicuous place in the reception or waiting room of the hospital or home.

(e) Any license shall be revoked at any time for cause deemed sufficient after due notice and a hearing granted the licensee. The existence of any conditions in connection with the physical or operating features of a maternity hospital, or home, which may adversely affect the health or safety of a maternity patient, or which may affect the public health, or any violation of any of the provisions of any law or of these rules, or any false or misleading statement in the application upon which the license was issued, or failure to notify the Board within a reasonable time of any change in the facts required to be stated in the application, shall be deemed sufficient cause for revocation of license.

Rule 3. Name.

(a) Every maternity hospital or home shall have a name, which name shall appear on the application for license or renewal of license and upon every certificate of birth, stillbirth or death occurring in such hospital or home.

(b) The name of a maternity home shall be that of the person keeping the home.

Rule 4. Medical and Nursing Care.

(a) Every patient in a maternity hospital or home shall be attended during delivery and the puerperium by a licensed physician, or a midwife duly licensed by the State Board of Health.

(b) In all maternity hospitals and homes adequate nursing service shall be assured at all times. At least one registered nurse shall be available to assume responsibility for the nursing care of maternity patients and newborn infants. Student nurses, practical nurses and nursery maids shall perform only such duties under the direction and immediate supervision of a qualified graduate registered nurse.

(c) It is believed that "adequate nursing service" shall be interpreted as meaning a minimum of one nurse for each four or five maternity patients by day, and from eight to ten such patients by night. Not more than eight to ten newborn infants shall be under the care of any one individual nurse by day or by night.

(d) Patients under analgesia or anesthesia during labor or delivery shall have some one in constant attendance until the condition of patient is deemed satisfactory by the attending physician.

(e) A consultation shall be required in all cases of major operative obstetrics, especially for Caesarean sections. Consultations shall be held, where possible, with a qualified obstetrician, and operative deliveries shall be performed by only those members of the hospital staff who are considered competent in the procedures by virtue of training and experience.

(f) Physicians shall keep the hospital records up to date, making all progress reports, recording history and physical examinations on every patient delivered at the hospital. All necessary assistance shall be provided by the hospital in keeping records complete. Advantages of a careful and complete

medical record are as important in small hospitals as in larger ones.

(g) Physicians shall remain at the hospital or within immediate reach for one hour following delivery.

(h) Prompt and complete returns of all births and deaths must be insisted upon.*

(i) Hospitals shall adopt a satisfactory method for identification of newborn infants.†

Rule 5. Safety and Sanitation.

Compliance with Provisions of the State Plumbing Code. In all maternity hospitals and homes the piping, connections and fittings of all lavatories, toilets, bath tubs, slop-sinks, laundry tubs, bedpan washers, sterilizers, water stills, X-ray tanks, and any culinary or other equipment having water or waste connections, shall be in compliance with the State plumbing law and with the regulations thereunder.

Fire and Other Safety Precautions.

(a) In all maternity hospitals and homes the provisions of the State law and of the regulations thereunder pertaining to fire-escapes and fire exits shall be complied with.

(b) In all maternity hospitals or homes inclusive of structures of fewer than three stories which may provide housing for patients, nurses, attendants, or employees, no conditions shall exist which may be deemed by the Board to involve unsafe or inadequate egress in the event of fire or panic, and any conditions so found shall be overcome in such manner as the Board may direct.

*Birth recording would be facilitated by hospitals requiring immediate completion of the birth certificate.

†The use of beads or foot printing is good.

(c) Every floor in a maternity hospital or home shall be adequately equipped with fire extinguishers of a type approved by the Board. Such extinguishers shall be examined and tested at least once each six months to insure that they are in working order and that the supply of fluid is adequate.

(d) If ordered by the Board, mattresses used on maternity beds shall be equipped with pole straps and poles, so as to be available as stretchers in emergency. Poles shall be kept in convenient wall brackets, or otherwise as the Board may direct.

(e) All drugs, medicines and solutions shall be properly labeled and shall be kept in a locked closet when not in use.

(f) The use of chloroform as an anesthetic during delivery shall be avoided.

(g) Cyanides shall not be used as a handwash and shall not be displayed in or near the delivery room.

Milk and Cream. All milk and cream and mixed milk drinks used in maternity hospitals and homes shall have been produced, packaged and handled in accordance with the regulations governing, and shall conform to the requirements respecting composition, labelling, and bacteria content. Only pasteurized milk and cream shall be used, except with the Board's permission to the contrary, the latter to be granted only where it may appear that these pasteurized products are not reasonably obtainable.

Food-handling and Service; Disinfection of Eating and Drinking Utensils.

(a) All articles of food used in maternity hospitals or homes shall have been produced, transported, stored, kept, handled, prepared and served in accordance with the provisions of the Sanitary Food Law and of the regulations thereunder. All

kitchens and other places where food is stored, handled or prepared shall be so equipped and maintained and all wastes so disposed of as to comply therewith.

(b) All eating and drinking utensils shall be cleansed and disinfected as provided under Regulation 14 of the Sanitary Food Law.

Rule 6. Communicable Disease.

(a) Maternity patients shall be segregated from other types of patients.

(b) Maternity homes shall admit no other types of patient than maternity patients.

(c) Provision shall be made for the isolation of maternity patients with evidence of infection.

(d) No patient with any evidence of infection shall be admitted, or at any time kept in, the obstetrical division of a hospital, either in a ward, semi-private, or private room, unless given isolation care.

(e) No person who is affected with any disease in a communicable stage thereof may be employed in any capacity in connection with any maternity hospital or home. No person exposed to such disease, or in whose family such disease exists, shall be so employed, except with the written consent of the Board.

(f) Within 24 hours of the appearance of any known or suspected communicable disease in any patient, attendant or other employee of a maternity hospital or home, a written notice shall be sent to the Board by the keeper of the hospital or home.

(g) Compliance with the law regarding the use of silver nitrate in the eyes of newborn infants shall be observed by the keeper of every maternity hospital and home.

(h) An infant delivered outside of the hospital and admitted during the neonatal period shall be kept out of the newborn nursery and be given

isolation care for at least five days from and including the day of admission.

(i) In each maternity hospital or home there shall be a separate room set aside for a nursery. Individual cribs shall be so distributed that each baby may have at least 200-400 cubic feet of air space. Isolation facilities for infected babies shall be provided.

(j) Throat cultures shall be done on all new personnel on the maternity floor. Periodic cultures shall be done on employees and nurses on the maternity floor. Records of such practices shall be kept. Nurses shall report immediately any slight respiratory infection which they may develop.

(k) In wards and double rooms the beds shall be separated by sufficient space to insure privacy to each patient, and allow for individualization of technique. Space shall be about four feet between beds.

(l) No visitors shall be permitted to enter the nursery. Babies shall be viewed only through glass partitions or windows onto the corridor.

(m) Maternity hospitals and homes shall exclude visitors under 16 years of age to maternity patients.

Rule 7. Equipment.

(a) All walls, floors, ceilings, and furnishings in rooms to be occupied by or used for maternity patients shall be of washable character.

(b) All outside openings shall be screened.

(c) In every maternity hospital and home each patient shall use a separate bed.

(d) The number of beds reserved for maternity cases shall not exceed the maximum number stipulated on the license.

(e) The equipment used by maternity patients shall not be used by other patients.

(f) Adequate toilet facilities shall be readily available for the exclusive use of maternity patients.

(g) In every maternity hospital there shall be a room set aside and used exclusively for delivery.

(h) In every maternity hospital, and in every maternity home in which delivery rooms are provided, operating rooms shall not be used for delivery except for infected cases or when a major operative procedure is indicated.

(i) The equipment of delivery rooms shall be limited to instruments and supplies necessary for immediate use and all other equipment and supplies shall be kept in supply rooms, closets or cabinets outside of, but readily available to, the delivery room.

(j) In each maternity hospital or home there shall be adequate provisions for the sterilization of instruments and supplies.

Rule 8. Posting.

A copy of these rules shall be posted with the license in a conspicuous place in the reception room or waiting room of the hospital or home.

Rule 9. Protection of Infants.

Every licensee shall act in conformity with the provisions of the laws of this State for the protection of infants. He shall not be concerned in, encourage or permit upon his premises any unlawful disposal of such infant, or other arrangement whereby such infant shall be deprived of any of his legal rights, or be abandoned to become a public charge. This rule shall not be construed to prevent any licensee from giving his gratuitous assistance to his patient in placing her infant in a licensed boarding house for infants; but every licensee shall report to the State Department of Public Welfare every infant discharged for such placing.

ADDITIONAL RECOMMENDATIONS FOR MATERNITY HOSPITALS

The following suggestions are made to encourage hospitals caring for maternity patients to plan for improvement of physical set-up, equipment and technique. All hospitals, especially the smaller ones of less than 25 beds, cannot be expected to measure up to all suggestions. It is highly desirable, however, that each hospital strive to provide the best possible facilities to maternity patients and newborn infants.

Recommended standards include:

Maternity patients preferably are housed on a separate floor or an entirely separate section of one floor.

Separate bedpans, bedside equipment, breast trays, etc., should be maintained for each mother. After use, each bedpan should be sterilized.

Steam pressure sterilization is preferable, but boiling of instruments and steam sterilization of supplies in the maternity home is acceptable.

Facilities for venoclysis and for blood transfusions should be made available and ready at all times, in or adjacent to delivery room, for emergencies.

Should new equipment be planned for, a delivery table should be secured, such that it can be adjusted to the Trendelenburg position.

A sterile uterine pack should be kept readily available for use at all times.

A simple method for aspirating mucus from the throat of the newborn should be readily available.

A method to administer oxygen to the newborn should be provided.

A heated bed should be available for the reception of newborn infants.

Sound-proofing of the nursery is most desirable. Provision of adequate isolation facilities in the nursery should be made.

Precautions should be exercised in care of breasts. A solution of boric acid should be used to cleanse the nipples before and after nursing, and sterile gauze placed over each.

ADDITIONAL RECOMMENDATIONS FOR MATERNITY HOMES

The following suggestions are made to insure better care of maternity patients and infants in maternity homes.

Whenever possible a maternity home should secure the services of a registered nurse, especially if assistance is expected by the physician at delivery. If the attendant helps at delivery, she should scrub the hands for ten minutes, wear a mask over the nose, clean cap, sterile gown and gloves. If attendant does not assist at deliveries, she need not be a registered nurse, but should perform only those duties delegated to her by the physician.

Dry sterilization of gloves is desirable.

No operative deliveries should be allowed in the maternity home.

A history, physical examination, and progress chart should be kept by the physician caring for maternity patients in a maternity home. No special forms are required.

All orders from physicians should be written orders, kept in an order book or on the chart and signed by the physician. Verbal orders given over the phone should be confirmed in writing within a few hours.

MINIMUM EQUIPMENT SUGGESTED FOR MATERNITY HOMES

GENERAL

Single beds fitted with mattresses covered with durable, cleanable material.

Rubber sheet for each bed.

Adequate bedding for each bed, in order to provide daily change of at least one sheet, and each pillow case.

Shock blocks (one set).

Suitable laundry facilities.

2 thermometers (rectal and mouth).

Sterile hand brushes ($\frac{1}{2}$ doz.)

Nail cleaners.

Soap.

Disinfectants (Lysol or Cresol).

3 basins—2 pitchers (for solutions).

Covered waste container.

Gowns, caps, and masks for doctor and attendants.

Rubber gloves (at least 2 pairs).

FOR THE BABY

Toilet tray—large basin.

Basket or crib for each baby.

Ampules of silver nitrate (1%).

Bottle of sterilized oil.

Box of boric acid.

Cord dressings.

Blunt scissors.

Diapers.

Covered pail for soiled diapers.

Individual service units are desirable for each
baby and for each mother.

FOR THE MOTHER

Wash basins.

Pitchers.

Bedpan for each mother.

Douche pan for each mother.

Sterile dressings.

Breast tray.

THE STATE OF NEW HAMPSHIRE

Excerpts from Revised Laws Relative to Lying-in Hospitals and Maternity Homes

Chapter 133, Revised Laws

The Regulation of Lying-in Hospitals

1. Licenses. The state board of health may issue a license for two years, subject to revocation by it, to any person whom it may deem suitable and responsible to establish or keep a lying-in hospital, hospital ward, or other place for the reception, care, and treatment of a woman in labor, if the local board of health shall first certify to the state board of health that, from its inspection and examination of such place, the same is suitable for the purpose.

2. Supervision. The state board of health shall have supervision of all such places, may make necessary rules for their regulation, and may designate its agents to visit and inspect the same. The said places shall also be subject to visitation and inspection at any time by the head of the police department or his authorized agent, by the local board of health, or by the selectmen.

3. Penalty. Whoever establishes or keeps, or is concerned in establishing or keeping, within this state a place for the purpose mentioned in section 1 or is engaged in any such business, without such license, shall be fined not more than five hundred dollars, or imprisoned not more than one year for the

first offense, and for any subsequent offense shall be imprisoned not more than two years.

4. Advertisement Prohibited. No person shall print, publish, or circulate, or cause to be printed, published, or circulated, any advertisement of, nor in any other manner publicly solicit patronage for, any institution mentioned in section 1, whether maintained by himself or others, except that any such institution, duly licensed as aforesaid, may display a sign containing the name of the institution, but no other words of information.

Placing of Infants

Chapter 130, Revised Laws

12. Notice of Placing. Whoever receives under his care or control, and whoever places under the care and control of another, for a period of more than thirty days, an infant under three years of age, not related by blood or marriage to the person receiving it shall, within two days thereafter, give notice thereof, and of the terms upon which such infant was received, to the commissioner of public welfare, with the name, age, and residence of the infant, its parents, and the persons from whom and by whom it was received.

Ophthalmia Neonatorum

Chapter 150, Revised Laws

5. Ophthalmia. The board may publish such information and instruction and make such rules,

regulations and ordinances as they may deem expedient to prevent the development of inflammation of the eyes of the newborn babe, or so-called ophthalmia neonatorum, in public hospitals or institutions in which midwifery is practiced either wholly or in part, and in connection with the practice of licensed midwives.

6. Enforcement. Said board may enforce its rules, and regulations and ordinances through its inspectors, or through the local boards of health.

7. Eye Treatment. The attending physician, accoucher, midwife or other person in charge, who shall attend, assist or advise at the birth of any living child in this state, shall, after washing the lids and adjacent tissues immediately following birth, drop into each eye of every child a single drop of a one per cent solution of nitrate of silver, or some equally efficient solution.

8. Reports. Should one or both eyes of an infant become inflamed, swollen and red, and show an unusual discharge at any time within two weeks after its birth, it shall be the duty of the attending midwife, or other attendant treating or having charge of such infant, to report in writing, within six hours thereafter, to the board of health of the city or town in which the parents of the infant reside, the fact that such condition exists, except that if a legally qualified physician is in attendance he shall report as required by this section within twenty-four hours.

15. Penalty. Any person violating the provisions of the preceding sections of this chapter, or any rule, regulation, or ordinance of said board made thereunder, shall be guilty of a misdemeanor.

Adoption of Children From Hospitals and Maternity Homes

Chapter 127, Revised Laws

12. Notice of Adoption. If any child, born in any hospital, maternity home, or other place, whether public or private, in this state, for the reception and care of women in labor or their children, and which shall not be claimed by its parents, shall be given out for adoption or otherwise to any one by the manager of said place, written notice of such action shall, within five days therefrom, be given to the commissioner [of public welfare] by said manager, with the name of the child, the date and place of its birth, the names of its parents if known and the name and address of the person or institution into whose care the child has been given.

